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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000048813

1. Corporation Name

L/IOLII II	MEDICAL EQUIPMENT, INC) ,							
Principal Place	n of Rusiness	Mailing Address	•		<u> </u>	TIN BONY BUNN BIRD I		1000 HH +601	
3446 S.W. 8TH		3446 S.W. 8TH ST.							
SUITE 206	31.	SUITE 206		ě	_				
MIAMI FL 33135		MIAMI FL 33135			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed				
					06/22/1995				
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number			lied For	
21		26			65-0590898			Applicable	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Rec	dditional === quired	
City & State	e	City & State			6. Election Campaign Financing		5.00 s	May Be	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cur	rent year Intangib	ile		
24	25	29	30		Personal Property Tax.		es [□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered Ager	ıt		
OFD	ez, osvaldo			Name A	LEJANDEO CAST	TILLO			
	S S.W. 8TH ST.			82 Street Add	dress (P.O. Box Number is Not Accept ららんい、8分り ちひ	able)	_		
	E 206				6 5.W. 870 30	THE GUY	<u>6</u>		1
	VI FL 33135			83					}
MIM	VII FL 33 133			84 City	IBMI	FL 85	Zip C		
44 Purcuant	to the provisions of Sections 607.05	i02 and 607 1508 Florida Statu	tes the a	ove-named cor	poration submits this statement for the	numose of chan	ging its r	registered	ĺ
office or n	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0506, Ek	authorized orida Stati	by the corporatites.	tion's board of directors. I hereby acce	pt the appointme	nt as reg	istered	
	$\mathbf{v} \subset \mathcal{O}$		<i>)</i>			& I			1
SIGNATURE	No Vanna Oliva	d. Carline	~		Leastered	raent_			l
SIGNATURE	Signature, typed of printed name of registered ag			Agent signature requir		DATE			
SIGNATURE	OFFICERS A	ND DIRECTORS	13.		red when reinstating) ADDITIONS/CHANGES TO OF				
	OFFICERS A		13. 1.1 TII	LE	red when reinstating)		RECTOF Change	RS IN 12	
12. TITLE NAME .	PD PEREZ, OSVALDO	ND DIRECTORS	13. 1.1 TII 1.2 NA	LE ME	red when reinstating)				
12. TITLE	OFFICERS A PD PEREZ, OSVALDO 3446 S.W. 8TH ST., SUITE 20	ND DIRECTORS	13. 1.1 TII 1.2 NA	LE	red when reinstating)				
12. TITLE NAME .	PD PEREZ, OSVALDO 3446 S.W. 8TH ST., SUITE 20 MIAMI FL 33135	ND DIRECTORS ☐ DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CO	LE ME REET ADDRESS Y-ST-ZIP	red when reinstating)		Change	☐ Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATUREX .

STREET ADDRESS

CITY-ST-ZIP

305-447-1911